

REGISTRATION FORM - BOLD TRAINING WORKSHOP
APRIL 10, 2010 | WALLINGFOR UNITED METHODIST CHURCH | 10:00 AM - 4:00 PM



Name _____
Affiliated with _____ Church in _____, WA/ID
Home Address: _____ Phone Numbers: _____ (HOME)
_____ (CELL)

Email: _____
Preferred method of contact Cell Phone Home Phone Email

\$15 freewill offering request to cover cost of mailings, lunch and snacks
I plan to pay \$ _____, by check or cash on day of workshop. I can also offer \$ _____,
 by check send ahead. to help cover costs of those who cannot pay.

Dietary restrictions: _____ I need help with local housing while in Seattle. YES / NO
Childcare needed during workshop? YES / NO If yes, ages of children _____, _____, _____, _____.

PLEASE MAIL THIS REGISTRATION FORM TO: CAROL WAYMACK, 2102 N. 52ND STREET, SEATTLE, WA 98103

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